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## RECENT PROGRESS IN THE SURGERY OF HEAD INJURIES.

Within the last few months two magazine papers upon the treatment of head injuries have appeared, embodying clinical facts and enunciating theories of more than ordinary interest upon this important chapter of surgical science. The first to which we refer is a report of a lecture by Mr. Sampson Gamgee, of Birmingham, "On the Treatment of Compound Depressed Fractures of the Skull," published in the British Medical Journal, July 8, 1876, and reproduced in the Braithwaite for January, 1877. The other is by Dr. Wm. B. Rodman, of Frankfort, Ky., "On the Treatment of certain Injuries of the Head, etc.," published in the January issue of the American Journal of the Medical Sciences. These gentlemen maintain theories from very opposite views of practice. Mr. Gamgee's opinion is that "in compound depressed fractures of the skull, without brain symptoms, the proper course of practice is NOT TO TREPHINE." (The emphasis is his own.) In support of this he gives three cases of compound depressed fracture, admitted to his hospital within one month, and treated successfully without trephine or elevator. They were all in adults (25 to 55 years of age), and were caused by bricks striking the head. In one case, under a scalp wound two and a half inches in length, there was a Y-shaped fracture in the left parietal bone, "with its center depressed to one third of an inch; *the sides of the fracture sloping evenly toward the central and most depressed point.*" In another, within the left temporal ridge, through a scalp wound one inch long, the

probe passed into a very abruptly punctured fracture of the skull, the amount of depression being half an inch, and the edges on one side, at least, being quite perpendicular. In the third, "the depressed bone was one eighth of an inch below the surrounding surface," and occupied an area of one inch and an eighth by seven eighths of an inch, being deepest in the center. There were no brain symptoms in any of the cases, and with no treatment mentioned, save an ice-bag to the injured parts, they all made "rapid recoveries."

Mr. Gamgee, in his lecture, gives a digest of authorities upon head injuries, in his usual scholarly manner. "Mr. Erichsen, with a single exception, does not recollect ever having seen a case recover in which a compound depressed fracture of the skull, occurring in an adult, had been left without operation." Prescott Hewett says, "operate, and at once." Desault was in the opposition. Not so Percival Pott. The experience gained in the retreat from Talavera was against trephining in gunshot fracture unaccompanied with brain symptoms. The great authority of Hennen is opposed to it under like circumstances. John Bell "threw his lot against the trepan." So did Astley Cooper, Abernethy, and Lawrence. Robert Liston said: "When fracture of the skull is complicated with wound of the scalp, the surgeon will not in general mend matters much by trephining, as has been advised, merely because there is a wound; if the depression is pretty extensive, . . . he will often thus add as much to the injury and to the risk which the patient is subjected to by it, as he would by dividing the scalp in simple fracture." "Samuel Cooper was equally conservative." Guthrie, Brodie, and

Velpeau rather inclined to the heroic practice of Pott. Italian surgery has come round to non-interference. Neudörfer, among the Germans, and MacCormac, reporting for the French, declare the results of the Franco-German war show against operative surgery in gunshot fractures of the skull. Jules Rochard gives the international position of the operation as follows:

"The spirit of reserve distinguishes French surgery. It holds a position between the practice of the Germans, who scarcely ever trephine, and that of the English and of the Americans, who, though resting on the same rules as ourselves, have much more frequently recourse to this operation. Léon le Fort has analyzed the trephine operations on the two sides of the Channel from 1855 to 1866. He has found one hundred and fifty-seven of them in England and only four in France in that period."

And Mr. Gamgee thus concludes his remarks:

"The authorities I have quoted will be sufficient to convince you that the masters of our science have treated this question as a very important and difficult one. From their differences you will learn caution and toleration in judging others, and the need of most careful inquiry, before you determine to use the trephine. The three patients whom I have brought before you with compound depressed fractures of the skull, successfully treated without the trephine or elevator, have not recovered by accident or in virtue of a curious coincidence. As many authorities are against me, I have deemed it my duty to compare my opinion with that of others, for your instruction. In examining the question from an historical point of view, I do not pretend to have exhausted it; but I do hope to have proved that the progress of opinion has, on the whole, been in favor of non-interference, when the scalp is wounded and the skull broken and driven in; without, however, producing symptoms of brain-lesion. The lesson very impressively taught by a careful study of the subject is this: that whereas the trephine was almost indiscriminately employed before surgery attained to the position of a science, its use has steadily decreased as enlightened experience has accumulated. Many surgeons, from being advocates of the trephine, have gradually abandoned it; but, so far as my researches have extended, I can not find an instance of conversion to the practice of trephining by a surgeon whose reason indisposed him to adopt it, or whose experience had once led him to relinquish it. That there may be cases of compound depressed fracture of the skull justifying operative interference I do not deny, and I have myself had

occasion to operate successfully in such cases in this theater. Another opportunity may present itself for discussing these cases. For the present I shall limit myself to again impressing upon you my conviction that, in compound depressed fractures of the skull without brain symptoms, the proper course of practice is NOT TO TREPHINE."

That Mr. Gamgee has in a very interesting manner shown that surgical science has made immense strides in the matter of trephining no one can deny. While in ruder days a persistent headache was almost sufficient indication to remove a button or so from the skull, modern surgery has found out that even in extensive lesions the question of operating is often an open one. But Mr. Gamgee's three cases are not sufficient to support the positive dictum which he lays down. Mr. Erichsen acts far more wisely in dealing with the subject; for although, as quoted, he does not remember (with a single exception) having seen a case recover in which a compound depressed fracture of the skull occurring in an adult had been left without operation; and although he thinks "the safer plan would be, even in the absence of all symptoms of compression, to elevate for the same reason that we trephine in punctured fracture;" he distinctly declares he would "*not venture to dogmatize on this very important and difficult point of practice.*" Mr. Gamgee does not do full justice to Mr. Erichsen's position in the quotation he makes. Mr. Erichsen fully recognizes the fact (as every other surgeon must of course do) that "even in persons of mature age, under certain favorable circumstances, bone may be depressed and continue so without giving rise even to compression of the brain or inflammation of its membranes;" and he is not at all at variance with his master, Mr. Liston, in regard to the folly of trephining simply because the fracture is compound. While we are tolerably certain that in the case of punctured fracture reported by Mr. Gamgee he and those educated in his teachings would have operated without waiting for brain symptoms, we are equally positive in our belief that the two other cases (of extensive and smooth depression) were ex-

actly such as he would have thought to justify non-interference.

It is certainly not safe teaching to dogmatize upon one example. That a sharply-depressed fracture got well without any thing being done for it affords simply more proof to the old maxim of Pott, that "there is no injury of the head so severe that may not be recovered from, and none so slight that may not kill." The case-book of almost any surgeon would give even more striking examples than the one quoted. And again, to speak of "complete recoveries," after a few months only have passed by, is almost as unsafe in cases of depressed fracture as it is to declare one free from syphilis because a chancre has healed.

The area of expectant surgery in head injuries is vastly enlarged by improved knowledge in prognosis. The power of potassic bromide in inflammatory as well as non-inflammatory brain affections\* is pushing the limits still further; but it is exceedingly dangerous to declare in the positive way of Mr. Gamgee, and with the force of his authority, that they extend to the distance he puts them, and can be defined in a manner so exact. Mr. Erichsen and Dr. Gross are far safer guides, in spite of any hesitancy they may show, and, in fact, by very virtue of it.

Dr. Rodman is a representative of a school of practice vastly opposed to the one of Mr. Gamgee. He takes it for granted that "most surgeons are agreed on the treatment of compound fracture of the skull with depression," which, as a matter of course, is to elevate; and "to relieve the depression at once by trephining, if this be necessary, but at any hazard to elevate or remove all depressed bone." And the mooted question of what to do in fractures not compound, unaccompanied by symptoms of compression, he disposes of in quite a novel manner. Simply as a means of diagnosis, should there be any reasonable suspicion that a depressed fracture exists, he recommends that an *explora-*

*tory incision be made in the scalp.* It is upon this point chiefly that his paper is written. He says few surgeons dare to convert a simple fracture of the skull into a compound one, fearing "hemorrhage, inflammation, erysipelas, and encephalitis in its various forms will supervene if an incision is made when the fracture is simple;" and declares that his object in writing is to show that these dangers are more traditional than real; that more lives have been sacrificed and minds left permanently impaired from fear of making an incision, so that the actual condition of the bone might be thoroughly known and thereby remedied, than have been lost from an opposite course of treatment; that even conservative, or rather non-operative, surgery may be carried to an extreme; that the danger of making a compound out of a simple fracture has been greatly overrated by the older writers, and that we of the present day have blindly accepted their views as infallibly correct. He thinks that these older writers copied nature, to be sure, but nature considerably modified by art; and the accidents they recorded as the frequent occurrence after scalp-wounds were the results of their spoliative treatment. Admitting too the sometimes serious nature of bruised and lacerated wounds in this situation, he denies in toto that there are grounds for fear in *incised* wounds of the scalp. Quoting from the Medical History of the Civil War, he shows that in the two hundred and eighty-two cases recorded of such wounds but six terminated fatally, and three of these died from some form of encephalitis, probably the result of saber fracture. Dr. Rodman further says:

"It may be said that an incised wound of the scalp without a fractured skull is a very simple affair; but that when it accompanies or complicates a fractured skull it renders the latter more dangerous. How so? Is there any special danger in the scalp wound *per se*? Is there here any hidden source from which innumerable agents may spring, bringing in their train erysipelas, inflammation, abscess, or hernia of the brain? I contend that an incised wound made by the surgeon for the purpose of ascertaining the exact condition of a fractured skull is harmless. If

\* See a valuable paper on this subject, by Dr. D. W. Yandell, in vol. 2, p. 28, of this journal.

the fracture is not extensive, or depressed enough to require trephining or raising or removing the fractured bone, the simple incision can do no harm. If the reverse be the case, I pity the patient who falls under the care of the surgeon too timid, too faint-hearted to make the necessary incision, even if he renders a simple a compound fracture. . . .

"The special dangers of compound fracture are said to be shock, inflammation, and fungus of the brain. Probably if an even number of fractures, both simple and compound, were analyzed, shock would be found to predominate in the latter; not because they are compound merely, but because there would be naturally in compound wounds more injury to the skull bones independent of the scalp wound. . . . I think it would do well to put these imaginary horrors of compound fracture along with that which the laity so much dread—viz., 'taking cold in the cut.'"

Dr. Rodman gives six cases, all of which demonstrate the correctness of his position. We regret that we can not print these admirable reports in full.

In one case, occurring in a boy, the exploratory incision revealed extensive comminution, extravasation of blood and brain, and "two pieces as large as the bowl of a teaspoon projecting perpendicularly into the brain." The scalp was intact, and there were no external signs of fracture, a puffy tumor obscuring palpation. Trephining was done in a few hours after the injury was received, and the boy recovered completely.

In a second case, where symptoms of compression did not appear for twenty-four hours, and the operation was deferred until then, a "tremendous gap" was found, and a number of fragments from the *anterior inferior* angle of the parietal, from the frontal and sphenoid bones were removed, resulting in recovery.

The third and fourth cases show simple fractures, depressed bone undetected, delayed symptoms, and death, one in thirty days after the injury, the other in twelve weeks. In the fifth case there was a punctured fracture (not trephined) with inflammatory symptoms in three days, and death in six. The sixth case reported occurred in an adult. No external wound, extensive comminution, early symptoms of compression; operation and recovery. Dr. Rodman remarks:

"It took the profession nearly one hundred years to learn that hot drinks and starvation would not cure a fever patient. How long will it take them to find out that a simple fracture of the skull should be treated as a compound one, and that a depression of bone under a scalp intact is as dangerous, if let alone, as the same amount of depression under a cut six inches long?"

And he might have multiplied examples from the history of surgical practice, where ancient bugbears have been driven out by modern experience. His own father long ago freely tapped the chest in simple hydrothorax, but, impressed as he had been by his teachers with the danger of the admission of air to the pleural cavity, he would have stood aghast had he witnessed the liberties taken with it in these latter days, as in the trephining of ribs after Warren Stone in empyema, and the free drenchings to which the sac has been subjected. So again, recognizing the paramount law of free drainage, the "valvular opening" and gradual removal of the contents in chronic abscess has given way to free incision; and though in joint troubles of all sorts absolute rest was once prescribed, we know now, but greatly through the confessions of a bonesetter to Mr. Hood, that in very many cases this rest has given rise to the rust which is at the bottom of the difficulty.

Dr. Rodman's paper is of more than a passing value. The difficulty of recognizing simple fracture of the skull from purely physical signs is acknowledged by the most experienced of surgeons. Dr. Rodman's enthusiasm puts him somewhat in the attitude of the advocate when one would rather have the calmness of the judge, and he has rather overlooked the fact that perhaps some of the "old masters," certainly many of the living ones, would, in the cases he has narrated, have freely yielded to the temptation which led him to wound the scalp; and inasmuch he has not made positive discoveries, though he has presented the subject in a most forcible light, and his argument will do much toward deciding some tradition-ridden brother to adopt what must in a number of cases be an excellent practice.



## OPINIONS OF THE PRESS.

## "THE NASHVILLE MEDICAL COLLEGE.—

This is the name of a new medical college which has just been established at Nashville, Tenn. Its faculty consists of fourteen members, and most of these are well-known physicians of high personal and professional character. The venerable and distinguished Paul F. Eve, the Dupuytren of American surgery and the Bayard among gentlemen, is the president of the faculty and one of the professors. This institution proposes to give two graduating courses in each year; one commencing in October and terminating, with a public commencement, in February; the other course beginning in March and terminating, with a commencement, in June. At the close of both terms, diplomas will be issued. There is no specification as to the length of the undergraduate period, and qualification and not time will, it is supposed, be the test for the degree. The faculty have determined to make no charge for the diplomas. Fees \$40; \$5 for the matriculation fee. . . . It is to be hoped that the criticisms of the press in regard to this institution at least will be respectful, courteous, and respectable."—*Amer. Medical Bi-Weekly*, Jan. 20, 1877.

"It is with pleasure that the faculty announce the return of Dr. W. H. Bowling to his old field of labor and of love."—*Announcement, Spring and Summer Session, 1877, Nashville and Vanderbilt University*.

"Any chartered medical institution will justly forfeit the respect, confidence, and support of the profession if it gives two graduating courses in one year."—*American Medical Weekly*, 1875, to April, 1876.

"'Come, master homily critic,' said I then to myself, 'prepare to do your office: you see that his grace begins to fail; it is your duty to give him notice of it, not only as the depository of his thoughts, but, likewise, lest some one of his friends should be free enough with him to prevent you: in that case you know what would happen:

your name would be erased from his last will, in which there is, doubtless, a better legacy provided for you than the library of the licentiate Sedillo.'

"After these reflections, I made others of a quite contrary nature. To give the notice in question, seemed a delicate point: I imagined that it might be ill received by an author like him, conceited of his own works: but, rejecting this suggestion, I represented to myself that he could not possibly take it amiss, after having exacted it of me in so pressing a manner. Add to this, that I depended upon my being able to mention it with address, and make him swallow the pill without reluctance. In a word, finding that I ran a greater risk in keeping silence than in breaking it, I determined to speak.

"The only thing that embarrassed me now, was how to break the ice. Luckily the orator himself extricated me from that difficulty, by asking what people said of him and if they were satisfied with his last discourse. I answered, that his homilies were always admired, but in my opinion the last had not succeeded so well as the rest in affecting the audience. 'How, friend!' replied he, with astonishment, 'has it met with any Aristarchus?' 'No, sir,' said I, 'by no means: such works as yours are not to be criticised: every body is charmed with them. Nevertheless, since you have laid your injunctions upon me to be free and sincere, I will take the liberty to tell you that your last discourse, in my judgment, has not altogether the energy of your other performances. Are not you of the same opinion?'

"My master grew pale at these words, and said, with a forced smile, 'So then, Mr. Gil Blas, this piece is not to your taste?' 'I do n't say so, sir,' cried I, quite disconcerted, 'I think it excellent, although a little inferior to your other works.' 'I understand you,' he replied; 'you think I flag, don't you? Come, be plain: you believe it is time for me to think of retiring.' 'I should not have been so bold,' said I, 'as to speak so freely, if your grace had not commanded me: I do no more, therefore, than obey you:

and I most humbly beg that you will not be offended at my freedom.' 'God forbid,' cried he with precipitation, 'God forbid that I should find fault with it. In so doing, I should be very unjust. I don't at all take it ill that you speak your sentiment; it is your sentiment only that I find bad. I have been most egregiously deceived in your narrow understanding.'—*Gil Blas*, book 7, chap. 5.

"I soon saw that it would not do for me to stay very long. I had already made a favorable impression, and in such cases it is my constant rule immediately to retire. Stay, if it be whole hours, until you *have* pleased, but leave the moment *after* your success. A great genius should not linger too long either in the *salon* or the world. He must quit each with *éclat*."—*Pelham*, vol. 1.

"Do n't you know how hard it is for some people to get out of a room after their visit is really over? They want to be off, and you want to have them off, but they do n't know how to manage it. One would think they had been built in your parlor or study, and were waiting to be launched. I have contrived a sort of ceremonial inclined plane for such visitors, which being lubricated with certain smooth phrases, I back them down, metaphorically speaking, stern foremost, into their 'native element,' the great ocean of out-doors."—*Oliver Wendell Holmes's "Autocrat of the Breakfast-table,"* chap. 1.

"Commencements will be held in March and July."—*Circular of Nashville School*.

"I saw also a number of gentlemen who were accustomed to spend most of their time near the middle kettle (il caldaja medio), and even in that oppressive latitude shivered much, and showed blue nails and lips. One of them remarked to me, one day, that he was sorry he had not brought his blanket with him. At which I could no longer restrain my curiosity as to where could have been his dwelling-place on earth. Wert thou from Sahara, my friend? I asked. Holding

his hands out to warm them before the fierce blaze of the raging furnace, he smiled grimly and said: Nay, that was a summer resort for those of us who could get there. I am from Nashville, Tenn."—*Dante's Inferno*, c. 17.

"*Gonsalvo*—Thou sayest, sirrah, that thy uncle could bestride two horses!

"*Young Catchpenny*—Yes, my lord, and even three. It was not so difficult. He did but have to sit there. The beasts were monstrous tame."—*Beaumont and Fletcher's "Through by Daylight,"* act. 3, scene 2.

## Original.

### THE TREATMENT OF ABORTION.

BY R. F. LOGAN, M. D.

There are some affections that one can treat upon general principles with a tolerable degree of success, but abortions require specific knowledge both as to the exact condition of affairs to be attended to and the means to be used to secure the safety and comfort of the patient.

Having met with quite a number of miscarriages within the last eight years, and having adopted for some time past a line of practice somewhat different from that usually recommended by writers and practitioners, I deem it my duty to lay before the profession my method of dealing with a retained placenta and membranes after the expulsion of the foetus. I will do this by recording the following case:

Mrs. —, aged about thirty-two, married seven years, the mother of one child twenty months old, sent for me in December, 1876, to relieve her of what she supposed to be painful menstruation. This lady has always menstruated irregularly, both previous to her marriage and since. Sometimes the flow has been scant and too frequent; again the intervals between the periods have been too long, the flow excessive, and prolonged to such an extent as to produce anæmia and debility. Her health has never been robust, although she is a person of unusual energy

and resolution. When first called to see her she presented the usual symptoms of abortion—pain in hypogastric region coming on at intervals of five or ten minutes, and gushes of blood from the vagina preceding and attending the pains, which evidently were caused by uterine contraction. I questioned her in regard to pregnancy, but she assured me most positively that she was not in this condition. She had had no symptoms of it, and from her positive denial I supposed she had good reasons for knowing her true condition. She told me, moreover, that she occasionally suffered from similar symptoms at the menstrual period, and that she was then under treatment of a physician for uterine disease. I proposed an examination, but she declined; and as I was not the family physician I did not insist on making one. I gave her a hypodermic injection of morphia, and remained with her till she was relieved of pain. By this time the "flooding" had checked to a great extent; and, directing her to remain perfectly quiet in bed with her hips elevated, and to take a mild saline laxative, I took my departure, leaving a few doses of morphia to be given in case the pains returned.

I confess that I was misled by appearance in this case—not deceived by the lady. I thought she was suffering from painful menstruation, when in fact she was pregnant, as the sequel proves.

For nearly two weeks this lady continued to discharge a small quantity of blood, or bloody mucus. On Saturday, January 6th, she was seized rather suddenly with severe pains and a renewal of the hemorrhage. The pains continued to increase in severity, and the hemorrhage soon became quite profuse. I was hastily summoned to her bedside, and was satisfied before I examined her that there must be an abortion sure enough; and when I passed my hand under the bed-clothing I felt the foetus—four or five inches in length, and, I suppose, ten or twelve weeks old—lying completely without the vagina, having been expelled before my arrival. As the lady was still suffering, I ad-

ministered at once a hypodermic injection of morphine. A vaginal examination was then made, and the secundines found to be retained within the cavity of the womb, the neck being so contracted that only one finger could be introduced into the cavity. The hemorrhage, although less, still continued. What now was to be done?

Some years ago I should probably have crammed this lady's vagina with cotton, and waited until nature expelled the placenta; and I can quote the best authority for this line of practice. Leishman, who may be regarded as the representative of British obstetricians, says that under such circumstances "we can do nothing but wait." A few lines below he remarks, "The hemorrhage may be so profuse as to require the plug, while we wait for the dilatation of the os." Now, if we wait, what will happen? Let Leishman reply, and every man of experience must see that his reply is a correct one. Speaking of retained placenta after abortion, he says: "If a considerable time should have elapsed, the os will have closed so firmly that a tedious process, which is conducted at great mechanical disadvantage, is necessary for its dilatation. This process is often attended with alarming hemorrhage, as it is only now that the uteroplacental vessels are being severed, and this hemorrhage may only cease upon the expulsion or extraction of the placental mass." Now, when this state of things has been brought about by doing "nothing but wait"—that is to say, when "a considerable time has elapsed," and the os "so firmly closed that a tedious process is necessary for its dilatation," and the "alarming hemorrhage occurs, which will cease upon the expulsion or extraction of the placenta"—what course does Dr. Leishman advise? "When severe flooding calls for prompt action, the immediate removal of the placenta is, of course, our first object." He then proceeds to give directions how to remove the placental mass with the finger, which he much prefers to any kind of instrument.

Leishman's practice may then be summed

up in two propositions: (1) wait till the os becomes firmly contracted and the hemorrhage becomes alarming, and then (2) proceed to extract the placenta by the fingers, if you can; if not, plug, give ergot, and wait longer. Could any practice be more irrational?

But this is not the worst feature in this do-nothing practice. If no changes took place in the retained mass or in the female genital organs, this practice would be bad enough; but that other evil consequences result from a retained placenta is well known to every physician, and are thus graphically described by Leishman himself: "Should there be no effort at expulsion, the placenta will usually become the seat of putrefactive changes, a condition which will be manifested by the occurrence of a dark and fetid discharge. Under the influence of this the structures may be broken up and discharged piecemeal; but the process is always tedious, and may be accompanied by low fever, in consequence of which the woman may become reduced to a condition which may excite considerable alarm; and there is, of course, the danger of what fortunately does not often occur in such cases—viz., blood-poisoning through the uterine veins." And I may add to this description, that even where no considerable fever follows the genital organs become tender, swollen, and hot; so much so that the least touch becomes painful, and the patient shrinks from any attempt to make an examination.

As I said before, some years ago I should have followed the practice as given by Leishman and some other writers on this subject; but I have learned better. The proper thing to be done in this and all similar cases, in my judgment, is to introduce the hand into the vagina, then dilate the neck of the womb with the finger until one or two fingers can be passed into the cavity of the uterus, then detach the placental mass from the uterus and withdraw it with the hand from the vagina. This is the end of the matter. All pains, all hemorrhage will cease at once, and the patient has nothing to do but to remain

quiet in bed a few days, restrict her diet a little, and she is able under ordinary circumstances to resume her usual household duties in a few days or a week. This ought to be done at once, immediately after the expulsion of the fetus, provided there has not been too much exhaustion from loss of blood. As this is usually a painful procedure, chloroform may be given, though I have performed the operation several times without it.

I will not, at this time, enter into any argument to defend this practice. The best evidence that I can offer to attest its safety and efficiency is the simple fact that for some years past I have invariably adopted this procedure, and I have never had any unpleasant results to follow from it. Since I adopted this plan of dealing with retained secundines after abortions, I have not met with any of those dire results so well described by Dr. Leishman, viz., "contracted os, alarming hemorrhage, fetid discharge, low fever, or blood-poisoning." I finish the job at one sitting, while the neck is still dilatable, and before the female parts become tender, hot, swollen, or painful. I do not wait till I am compelled, by alarming symptoms, to extract the placenta, but I take it away at once and thus avoid all such untoward results.

In abortions which occur previous to the fourth month, the placenta and membranes will usually, almost always, be retained; and hemorrhage will continue till it is extracted or expelled. It will seldom be expelled, except after being broken up by putrefactive changes and discharged piece-meal with the fetid discharges. But here, as Dr. Leishman says, there is danger of low fever and blood-poisoning. And even should the woman escape this danger, the inflammatory action which takes place in the uterus and other organs frequently lays the foundation of disease of the womb with all its train of distressing symptoms, which are difficult to treat, and are often incurable.

In performing the operation, the hand not introduced into the vagina is used to steady



and press down the uterus from without. By this combined maneuver with both hands, the whole of the uterine cavity can be explored, and it ought to be, should there be any reason to think that any part of the secundines has not been extracted. There is one point that I will mention for the benefit of inexperienced practitioners, and that is this: After the placental mass has been removed from the uterus, if you introduce your finger into the cavity you will feel over the site of the placental attachment a rough, jaggy surface, which may lead you to think that *all* the placenta has not been removed. Acting under this mistake, you may continue to scrape the uterine surface with your finger nail, as I did once, much to the vexation of your patient and to your own discredit. Possibly your unnecessary interference may result in injury to your patient. This needs only to be remembered to be avoided.

SHELBYVILLE, KY.

## Reviews.

**On Coughs, Consumption, and Diet in Disease.** By HORACE DOBELL, M.D., F.R.M.C.S., etc. Philadelphia: D. G. Brinton. 1877.

After one has carefully perused the standard treatises on diseases of the lungs and upper air-passages, he needs one thing more to make him, so far as books are concerned, a master of the situation, and that one thing is to read Brinton's collation of the essence of Dr. Dobell's lectures. If it were asked us to name in one word the chief characteristic of these lectures, the answer would be originality. It seems as if the distinguished lecturer had read every thing every body else had said upon diseases of the chest and throat, and had then drawn from his large experience and practical study a collection of just those valuable facts and plausible theories that others had either been ignorant of or forgotten to mention, and shaped them for the instruction and use of the practitioner.

In the first three chapters he makes some

points bearing upon the science and art of physical exploration. These do not comprise a regular and complete scheme for chest exploration, yet contain some most excellent suggestions to those who are already more or less familiar with the rules of percussion, etc.

In Chapter V his views on Emphysema, its causation, manner of production, and relation to bronchitis, are very clearly set forth and defended.

Chapter VI treats of the great value of "pitch" in the diagnosis of narrowed air-passages.

Chapter VII treats of that common and troublesome malady, post-nasal catarrh.

In Chapter VIII—in some respects the most interesting chapter in the book—he defines and elucidates a curious yet not uncommon malady, which he terms, after Fox, "ear-cough."

In Chapter IX, which treats of the natural course of a neglected cough, the writer makes the following wise and warning statement. After mentioning the dangers of a neglected cough to one of a tubercular diathesis, he says: "But independent of a tuberculous diathesis, we must always regard these attacks of active congestion of portions of lung with great apprehension, and lose no time in dispersing them; for their repetition in the same part, or their accidental occurrence with unaccustomed severity, will lead to disintegration of the affected tissue; and although unaccompanied by any deposit of miliary tubercle, the patient's life will be placed in great jeopardy by a chronic wasting disease having many of the characters of tubercular consumption." The same wise thought has been expressed in terms of equal force by Niemeyer, whose doctrine is that any bad cold may lead to a fatal consumption; that consumption is not necessarily a *peculiar* malady of the lungs, but an ordinary chronic inflammation, and that tubercle is by no means an essential of phthisis; or, as he expresses it, that one of the chief dangers of phthisis is tuberculosis. If these views be true, as seems most probable, the

profession, and indeed the general public, can not too soon learn that healthy persons, though less frequently than those of feeble habit, may contract a phthisis from a simple catarrh, and that too without hereditary taint.

In the matter of treatment he takes pains to lay stress upon the dangers to the right heart and abdominal glands occurring from neglect of winter cough. "Let me simply warn you in passing," says he, "that in every case of winter cough danger-signals must be placed upon the pulmonary circulation, the right heart, and the great veins." With such views inculcated, we are not surprised to find him saying, "If we could nip every catarrh in the bud, what a catalogue of ills we would prevent!" On the contrary, we are pleased to learn that not only is catarrh not a difficult disease to treat in its early stages, but that "*cold can be stopped without lying in bed, staying at home, or in any way interfering with business.*" His treatment is as follows:

1. R Ammon. sesq. carb..... gr. v;  
Liq. morph. sulph..... m. v;  
Emulsio. amygdalæ..... ℥i.  
M. S. To be taken every three hours.
2. R Liq. ammon. acetat..... ℥iss.  
S. To be taken at night in a glass of cold water.

The patient is to sleep under extra blankets, and if thirsty during the night, drink freely of cold water. In the morning the extra blankets are to be removed before rising, so as to cool the body down. During the day take No. 1 every four hours, and at night a compound colocynth pill. Diet to be liberal, with wine if desired. This he believes to be an almost infallible cure in recent cases. After apologizing for emphasizing the well-known dangers attending cold feet, he enlarges upon (1) medicines introduced by the stomach, (2) medicines introduced by inhalation, (3) counter-irritation, (4) change of climate; and here, while every page is full of instructive therapeutics, there is perhaps less of originality than in the previous chapters. The sesq. carb. and muriate ammonia are, as they deserve to be, lauded

for their virtues; while ipecac, squill, senega, aconite, etc., are appropriately referred to. In the matter of inhalations a full list of the best agents is given. For counter-irritation the ordinary blister is advocated, and its good results praised in unqualified terms.

The views expressed upon climatic treatment are excellent.

Post-nasal catarrh he treats with the following:

- |                                 |          |
|---------------------------------|----------|
| R Borax .....                   | ℥i;      |
| Glycerine of carbolic acid..... | ℥ii;     |
| Bicarb. of soda.....            | ℥i.      |
| Warm water.....                 | Oss.     |
| Inject night and morning.       |          |
| R Camphor .....                 | ℥i;      |
| Tannin .....                    | ℥i;      |
| White sugar .....               | ℥i;      |
| Welsh snuff.....                | ℥i.      |
| Mix and use as a snuff.         |          |
| R Camphor .....                 | gr. ij;  |
| Tannin .....                    | gr. ʒss; |
| Muriate of morphia.....         | gr. ss;  |
| White sugar .....               | gr. x;   |
| Gum acacia.....                 | gr. ij.  |

Make one lozenge. Of these three or four are taken daily.

In the management of localized consumption he advocates the "lung splint" for rest of the part diseased. This instrument is an invention of his, of the nature of which he unfortunately does not inform the reader.

Dr. Dobell was the first to introduce to the profession the use of pancreatic emulsion of oil in the treatment of phthisis; and he here shows in a chapter devoted to the remedy his firm faith in the increased efficiency of oil so administered.

The final section of the book is devoted to the subject of diet, and consists of a series of practical precepts governing this important question; of tables of diet for consumptives, and also for diabetic patients; a chapter on nutritive enemata, and a number of recipes for the preparation of sick-food. Dr. Brinton deserves the thanks of the profession for giving to it in so concise a form the germ of Dr. Dobell's teachings. It is a book that every practitioner should read.

E. R. P.

## Selections.

**Treatment of Neuralgia.**—Prof. Erb says prophylactic measures should be adopted by those who are predisposed to the disease. Good diet, abundant and nourishing, is of primary importance, and no apprehension need be entertained that such diet will prove too strong or stimulating. Regular and systematic exercise, as an essential correlate of abundant supplies of nourishing food, is a powerful strengthener of the nervous system. Plenty of sleep; pure, fresh air; avoidance of stimulants; restraint of the sexual impulses at any cost, however difficult this may appear in many cases; systematic direction of the mind toward interesting and useful objects of study, form the basis of measures which, if thoroughly carried out, will produce satisfactory results. Such nerve-invigorating treatment often strikes at the root of neuropathic diathesis. Among specific remedial measures there are three groups of remedies that occupy the foremost place in the treatment of neuralgia as being the most effective: 1. Electricity in its various forms; 2. The narcotics, especially when applied hypodermically; 3. Certain nervine specifics, which experience has shown to be useful in many cases.

*Electricity* has recently become the most important remedy in the treatment of neuralgia, in consequence of the brilliant success that has attended its application in many different forms of the disease, and in no other disease are the results of electro-therapeutical treatment so certainly established as in neuralgia. Of the two kinds of electricity now in constant use, the galvanic current (continuous current) is found to be the more active and applicable to a greater variety of forms of the disease than faradic electricity. Faradic electricity (the interrupted current) is chiefly useful in peripheric neuralgia, when the nerves can be reached by the current, and in cases where no remarkable anatomical change, as neuritis or the like, is present, and thus especially in the so-called purely idiopathic or "habitual" neuralgia. The galvanic current (continuous current) has at least the same action upon peripheric neuralgia, while in addition it is very effective in the central and deep-seated forms of the disease (spinal and cerebral neuralgias, and neuralgias of the roots of nerves). Moreover, by its "catalytic" effects—that is to say, by its influence on the vessels, upon exudations and the processes of nutrition—it exerts a wide influence on those neuralgias which are uninfluenced by the faradic current. There are two methods of applying faradic electricity (interrupted current): 1. By conducting a strong current of the secondary spiral, for a few minutes, through the nerve by means of moist electrodes, one of them being placed on the nerve trunk as near as possible

to its central origin. This plan must, for the most part, be frequently repeated. 2. By producing energetic irritation of the skin with an electric brush, or by means of an electric mona, in the region of distribution of the nerve, at its point of emergence, and over the points douloureux. The application of galvanic electricity (continuous current) is especially intended to modify the nutritive processes taking place in the nerve, to produce the so-called catalytic effects, and to lower the irritability of the nerves. The results of its application, either according to the polar or the direction method, seem to be equally good. In the polar method the anode (positive electrode) is applied first upon the nerve trunk (when possible in the immediate vicinity of the proper focus of the disease), and then upon the points douloureux, and the cathode (negative electrode) upon some indifferent point. In the direction method the descending direction of the current is used by preference, and the anode (positive electrode) is then to be placed upon the plexus or upon the roots of the nerve, and the cathode (negative electrode) on the nerve trunk and the painful points. As a rule, the duration of the sittings should be short, extending over from two to eight minutes, and repeated daily or every other day. The strength of the current must, in general, be moderate. The effects are usually experienced at once, and continue for a variable period, from two or three to twenty-four hours, ultimately, after a variable number of sittings, becoming permanent. If after a moderate number of sittings, as from six to ten, no appreciable benefit is experienced, the case must, in general, be regarded as one not adapted for the electrical plan of treatment.

*Narcotics* (and *anesthetics*) constitute palliative means of treating neuralgia that are uncommonly certain and agreeable in their mode of action, and are unsurpassed by any remedies, especially when used subcutaneously. When a decided local action is intended, as is usually the case in neuralgia, the injection should be made as near as possible to the nerve trunk affected, or into the painful point. Injections of morphia are contra-indicated in cases of great debility, in advanced age, hyperæmia of the brain, and organic disease of the heart. Atropine alone of the other narcotics deserves special mention. It exerts an anti-neuralgic effect similar to that of morphia, and may even prove serviceable when the latter fails. The dose for injection ranges from the one one-hundred-and-thirtieth to the one twenty-second of a grain. Although but little confidence can be placed in the effects of the external application of narcotic remedies, we can not, however, afford to dispense entirely with the use of narcotic ointments and embrocations in ordinary practice, since it can not be denied that their application is often followed by favorable results. Chloroform may be used in the

form of inhalations or internally or in the form of an enema, in which both ether and chloroform can be given in doses of from fifteen to twenty minims suspended in starch paste. Administered in this form, they may be ordered in neuralgia of the sacral plexus or of the pelvic nerves. Although hydrate of chloral may be ineffective in cases of severe neuralgia, its well-marked hypnotic action is useful in many cases, and for this purpose it may be advantageously combined with small doses of morphia, in the proportion, for example, of fifteen grains of chloral to one sixth of a grain of morphia.

The group of *specific remedies* includes a great variety of remedial measures, some of which have been discovered empirically, and their value demonstrated by experience; others of which are the outcome of physiological researches or pathological considerations. The influence of some of these specifics is undoubted, and has been satisfactorily established by the testimony of excellent observers. In the very first rank amongst specific remedies is to be placed arsenic, which acts not only as an antiperiodic remedy in neuralgias of malarial origin, but also as a proper nerve tonic. It is especially effective in cases where there is a general nervous diathesis and imperfect formation of blood. In such cases Fowler's solution may be given in doses of from three to ten drops three times a day, in gradually increasing doses, or the arsenious acid may be given dissolved in water, in doses of from one eighth to one half of a grain per diem, in divided doses. Recently arsenic has been injected hypodermically (Eulenberg), and there are certain advantages in this method of using the remedy. Zinc, in the form of oxide or of valerianate or of sulphate, if used, must be prescribed in large doses. Phosphorus is warmly recommended, especially in anæmic and neurasthenic neuralgias. The preparations of iron are of undeniable value in the anæmic forms of neuralgia. The preparation to be employed must be decided by the practitioner, and upon this point there is a legitimate difference of opinion; for example, according to Anstie, "the carbonate, in large doses, is the best form when iron is needed at all;" whereas Erb says "the carbonate of iron in particular, which was formerly given in such enormous doses, appears to possess no specific action on neuralgia." Quinine has a very decided action on neuralgias, even where they are not dependent upon malaria. Strychnia is highly praised, whether given internally or injected hypodermically, and it may be given combined with the solution of chloride of iron. Iodide of potassium proves serviceable in many cases of neuralgia, as in those of chronic rheumatic character, and in very obstinate idiopathic cases. Bromide of potassium is extremely

valuable, especially in cases where it produces an hypnotic effect. The author coincides with Anstie's opinion of its utility in neuralgia attacking those who, while otherwise in good health, exhibit a certain restlessness and irritability of disposition, which is often the consequence of insufficient gratification of the sexual passion, as in women condemned to celibacy; and he observes that but little experience in the treatment of the somewhat more matured women of the better educated classes is required to demonstrate the use of his (Anstie's) practical observations on this point. As in epilepsy, large doses are requisite.—*Dublin Journal of Medical Science.*

**Performance of Operations during Pregnancy.**—A protracted discussion took place at the Société de Chirurgie during several meetings in May and June, 1876, on the reciprocal influence of pregnancy on surgical maladies, and of traumatism on the course of pregnancy. It was commenced by a paper by M. Verneuil, in which he brought forward facts arranged under three categories: 1. Cases in which pregnancy appeared to exercise no influence on the course of operations or of surgical maladies, and reciprocally. 2. Cases in which pregnancy has appeared to exercise, or to be the subject of, an influence more or less favorable. 3. Cases in which the reciprocal influence of pregnancy and of operations or surgical maladies has been more or less injurious.

At a later stage of the discussion a paper was read by M. Guéniot, maintaining the following conclusions: 1. Facts hitherto published lead to the conclusion that, as a general rule, pregnancy exercises no adverse influence over traumatism, but fractures and other injuries are repaired as well as in non-pregnant persons. 2. To this rule there are the following exceptions: *a.* When the traumatism affects the genital regions, pregnancy may lead to delay in healing, complications, or an unfavorable termination; *b.* The case is the same if the pregnancy has passed the third month, and traumatism affects the lower extremities, or a region which is the seat of vascular alteration; *c.* The consolidation of fractures may be somewhat impeded by pregnancy; *d.* In cases of pregnancy complicated by conditions which have a tendency to produce abortion, traumatism is likely to precipitate the abortion, and lead to grave accidents in the sequel. 3. The puerperal state has generally no unfavorable influence upon injuries received before, or at the time of delivery, unless these affect the genital regions. Traumatism which originates after parturition, on the contrary, is very unfavorably affected, and hence no operation, unless of a very urgent kind, should be performed within three or four months after delivery.—*Monthly Abstract.*